

Form **1040** Department of the Treasury—Internal Revenue Service (99)  
**U.S. Individual Income Tax Return**

**2020**

OMB No. 1545-0074

**Filing Status** ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial <b>PAUL A</b>		Last name <b>NOVAK</b>		Your social security number <b>8145</b>	
If joint return, spouse's first name and middle initial <b>MARY BETH</b>		Last name <b>NOVAK</b>		Spouse's social security number <b>5187</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>4607 LIBRARY RD</b>				Apt. no. <b>220-6</b>	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>BETHEL PARK</b>			State <b>PA</b>	ZIP code <b>15102</b>	
Foreign country name		Foreign province/state/county		Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

<b>Dependents</b> (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	<b>62,879.</b>	
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>		
<b>Standard Deduction for—</b> <ul style="list-style-type: none"><li>• Single or Married filing separately, \$12,400</li><li>• Married filing jointly or Qualifying widow(er), \$24,800</li><li>• Head of household, \$18,650</li><li>• If you checked any box under <b>Standard Deduction</b>, see instructions.</li></ul>	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>		
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>		
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>		
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>		
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .	<input type="checkbox"/>	<b>7</b>	<b>0.</b>
	<b>8</b> Other income from Schedule 1, line 9 . . . . .		<b>8</b>	
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .		<b>9</b>	<b>62,879.</b>
	<b>10</b> Adjustments to income:			
	<b>a</b> From Schedule 1, line 22 . . . . .	<b>10a</b>	<b>0.</b>	
	<b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	<b>300.</b>	
<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . .		<b>10c</b>	<b>300.</b>	
<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . .		<b>11</b>	<b>62,579.</b>	
<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		<b>12</b>	<b>24,800.</b>	
<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .		<b>13</b>		
<b>14</b> Add lines 12 and 13 . . . . .		<b>14</b>	<b>24,800.</b>	
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b>	<b>37,779.</b>	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2020)

Form 1040 (2020) PAUL A NOVAK &amp; MARY BETH NOVAK

Page 2

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	4,138.
17	Amount from Schedule 2, line 3	17	0.
18	Add lines 16 and 17	18	4,138.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	0.
21	Add lines 19 and 20	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,138.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your <b>total tax</b>	24	4,138.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	5,206.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	5,206.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	5,206.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,068.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,068.
b	Routing number		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	
37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	0.
	<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
38	Estimated tax penalty (see instructions)	38	

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

**Refund**

Direct deposit?  
See instructions.

**Amount You Owe**

For details on how to pay, see instructions.

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. 412-607-2475

Email address

**Paid Preparer Use Only**

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶

Phone no.

Firm's address ▶

Firm's EIN ▶

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form 1040 (2020)

2000117529

**PA-40 - 2020**  
**Pennsylvania Income Tax Return**  
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

NOVAK

PAUL

A

Occupation SALES REP

MARY BETH

Occupation ULTRASOUND

NOVAK

APT 220 6

4607 LIBRARY RD

BETHEL PARK

PA

15102

412-607-2475

02110

N Extension. N Amended Return.  
R Residency Status.  
PA Resident/Nonresident/Part-Year Resident  
from to  
J Single, Married/Filing Jointly,  
Married/Filing Separately, Final Return  
N Deceased  
N Taxpayer Date of Death  
N Spouse Date of Death  
N Farmers.  
School District Name BALDWIN WHIT

1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete **PA Schedule A** if required.

3 Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.

4 Net Income or Loss from the Operation of a Business, Profession or Farm.

5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.

6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.

7 Estate or Trust Income. Complete and submit **PA Schedule J**.

8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.

9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.

10 **Other Deductions.** Enter the appropriate code for the type of deduction.  
See the instructions for additional information.

11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a 67031

1b 0

1c 67031

2 0

3 0

4 0

5 0

6 0

7 0

8 0

9 67031

10 0

11 67031



2000117529

EC	OFFICIAL USE ONLY						FC

PA-40 - 2020

Social Security Number

Name(s) **NOVAK, PAUL A**

12 **PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).**

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2019 PA Income Tax return.

15 2020 Estimated Installment Payments. REV-459B included.

16 2020 Extension Payment.

17 Nonresident Tax Withheld from your **PA Schedule(s) NRK-1.** (Nonresidents only)

18 **Total Estimated Payments and Credits.** Add Lines 14, 15, 16 and 17.

**Tax Forgiveness Credit. Submit PA Schedule SP.**

19a Filing Status: **01 Unmarried or Separated 02 Married 03 Deceased**

19b Dependents, Section II, Line 2, **PA Schedule SP**

20 Total Eligibility Income from Section III, Line 11, **PA Schedule SP.**

21 **Tax Forgiveness Credit** from Section IV, Line 16, **PA Schedule SP.**

22 Resident Credit. Submit your **PA Schedule(s) G-L** and/or **RK-1.**

23 Total Other Credits. Submit your **PA Schedule OC.**

24 **TOTAL PAYMENTS and CREDITS.** Add Lines 13, 18, 21, 22 and 23.

25 **USE TAX.** Due on internet, mail order or out-of-state purchases. See instructions.

26 **TAX DUE.** If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 **TOTAL PAYMENT DUE.** See the instructions.

29 **OVERPAYMENT.** If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

**The total of Lines 30 through 36 must equal Line 29.**

30 **Refund** – Amount of Line 29 you want as a check mailed to you.

31 **Credit** – Amount of Line 29 you want as a credit to your 2021 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly	
Preparer's Name and Telephone Number		Date
<b>SELF-PREPARED</b>		

12	2058
13	2058
14	0
15	0
16	0
17	0
18	0
19a	02
19b	00
20	0
21	0
22	0
23	0
24	2058
25	0
26	0
27	0
28	0
29	0
30	0
31	0
32	0
33	0
34	0
35	0
36	0

E-File Opt Out

Firm FEIN

Preparer's PTIN



Form **1040**

Department of the Treasury—Internal Revenue Service

**U.S. Individual Income Tax Return****2023**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

CLERK  
U.S. BANKRUPTCY  
COURT—WDPA

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____			See separate instructions.
Your first name and middle initial <b>Paul</b>	Last name <b>Novak</b>	Your social security number <b>8145</b>	
If joint return, spouse's first name and middle initial <b>Mary Beth</b>	Last name <b>Novak</b>	Spouse's social security number <b>5187</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>4606 Library Rd</b>		Apt. no. <b>220-66</b>	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Bethel Park</b>		State <b>PA</b>	
Foreign country name		Foreign postal code	

**Filing Status** ☐ Single ☒ Married filing jointly (even if only one had income) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. ☐ Married filing separately (MFS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

<b>Dependents</b> (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>Income</b>  Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.  If you did not get a Form W-2, see instructions.	<b>1a</b>	Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>	64,807.
	<b>b</b>	Household employee wages not reported on Form(s) W-2	<b>1b</b>	
	<b>c</b>	Tip income not reported on line 1a (see instructions)	<b>1c</b>	
	<b>d</b>	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>	
	<b>e</b>	Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>	
	<b>f</b>	Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>	
	<b>g</b>	Wages from Form 8919, line 6	<b>1g</b>	
	<b>h</b>	Other earned income (see instructions)	<b>1h</b>	0.
	<b>i</b>	Nontaxable combat pay election (see instructions)	<b>1i</b>	
	<b>z</b>	Add lines 1a through 1h	<b>1z</b>	64,807.
	<b>2a</b>	Tax-exempt interest	<b>2a</b>	
	<b>3a</b>	Qualified dividends	<b>3a</b>	
	<b>4a</b>	IRA distributions	<b>4a</b>	
	<b>5a</b>	Pensions and annuities	<b>5a</b>	
	<b>6a</b>	Social security benefits	<b>6a</b>	
<b>c</b>	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>	
<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here	<b>7</b>	<input type="checkbox"/>	
<b>8</b>	Additional income from Schedule 1, line 10	<b>8</b>		
<b>9</b>	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b>	64,807.	
<b>10</b>	Adjustments to income from Schedule 1, line 26	<b>10</b>		
<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>11</b>	64,807.	
<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>12</b>	27,700.	
<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>		
<b>14</b>	Add lines 12 and 13	<b>14</b>	27,700.	
<b>15</b>	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	<b>15</b>	37,107.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

<b>Tax and Credits</b>	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	4,015.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,015.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	200.
	21	Add lines 19 and 20	21	200.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,815.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	3,815.	

<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	5,045.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	5,045.
	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) <input type="checkbox"/> NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31		
32	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	32		
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	5,045.	

<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,230.
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,230.
	b	Routing number: [REDACTED] c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number: [REDACTED]		
	36	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	36	

<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			Sales Account Manager	
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		Ultrasound Technologist		
	Phone no. (412) 607-2475	Email address		

<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's name	Self-Prepared			Phone no.
	Firm's address				Firm's EIN

**SCHEDULE 3**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Form1040](https://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Paul &amp; Mary Beth Novak

Your social security number

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	200.
<b>5a</b>	Residential clean energy credit from Form 5695, line 15 . . . . .	<b>5a</b>	
<b>b</b>	Energy efficient home improvement credit from Form 5695, line 32 . . . . .	<b>5b</b>	
<b>6</b>	Other nonrefundable credits:		
<b>a</b>	General business credit. Attach Form 3800 . . . . .	<b>6a</b>	
<b>b</b>	Credit for prior year minimum tax. Attach Form 8801 . . . . .	<b>6b</b>	
<b>c</b>	Adoption credit. Attach Form 8839 . . . . .	<b>6c</b>	
<b>d</b>	Credit for the elderly or disabled. Attach Schedule R . . . . .	<b>6d</b>	
<b>e</b>	Reserved for future use . . . . .	<b>6e</b>	
<b>f</b>	Clean vehicle credit. Attach Form 8936 . . . . .	<b>6f</b>	
<b>g</b>	Mortgage interest credit. Attach Form 8396 . . . . .	<b>6g</b>	
<b>h</b>	District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .	<b>6h</b>	
<b>i</b>	Qualified electric vehicle credit. Attach Form 8834 . . . . .	<b>6i</b>	
<b>j</b>	Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .	<b>6j</b>	
<b>k</b>	Credit to holders of tax credit bonds. Attach Form 8912 . . . . .	<b>6k</b>	
<b>l</b>	Amount on Form 8978, line 14. See instructions . . . . .	<b>6l</b>	
<b>m</b>	Credit for previously owned clean vehicles. Attach Form 8936 . . . . .	<b>6m</b>	
<b>z</b>	Other nonrefundable credits. List type and amount: _____	<b>6z</b>	
<b>7</b>	Total other nonrefundable credits. Add lines 6a through 6z . . . . .	<b>7</b>	
<b>8</b>	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . .	<b>8</b>	200.

(continued on page 2)

**Part II Other Payments and Refundable Credits**

<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>12</b>	
<b>13</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>13a</b>	
<b>b</b>	Credit for repayment of amounts included in income from earlier years . . . . .	<b>13b</b>	
<b>c</b>	Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .	<b>13c</b>	
<b>d</b>	Deferred amount of net 965 tax liability (see instructions) . . . . .	<b>13d</b>	
<b>z</b>	Other payments or refundable credits. List type and amount:	<b>13z</b>	
<b>14</b>	Total other payments or refundable credits. Add lines 13a through 13z . . . . .	<b>14</b>	
<b>15</b>	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . .	<b>15</b>	



Form **8880**Department of the Treasury  
Internal Revenue Service**Credit for Qualified Retirement Savings Contributions**Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8880](http://www.irs.gov/Form8880) for the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **54**

Name(s) shown on return

Paul &amp; Mary Beth Novak

Your social security number

[REDACTED]

**You cannot take this credit if either of the following applies.**

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

- 1 Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions . . . . .
- 2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions) . . . . .
- 3 Add lines 1 and 2 . . . . .
- 4 Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . . . .
- 5 Subtract line 4 from line 3. If zero or less, enter -0- . . . . .
- 6 In each column, enter the **smaller** of line 5 or \$2,000 . . . . .
- 7 Add the amounts on line 6. If zero, **stop**; you can't take this credit . . . . .
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11\* . . . . .
- 9 Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1		
2		3,756.
3		3,756.
4		
5		3,756.
6		2,000.
7		2,000.
8	64,807.	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
---	\$21,750	0.5	0.5	0.5
\$21,750	\$23,750	0.5	0.5	0.2
\$23,750	\$32,625	0.5	0.5	0.1
\$32,625	\$35,625	0.5	0.2	0.1
\$35,625	\$36,500	0.5	0.1	0.1
\$36,500	\$43,500	0.5	0.1	0.0
\$43,500	\$47,500	0.2	0.1	0.0
\$47,500	\$54,750	0.1	0.1	0.0
\$54,750	\$73,000	0.1	0.0	0.0
\$73,000	---	0.0	0.0	0.0

**Note:** If line 9 is zero, **stop**; you can't take this credit.

- 10 Multiply line 7 by line 9 . . . . .
- 11 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .
- 12 **Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 . . . . .

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 03/07/24 Intuit.cpf.sp

Form **8880** (2023)

2300115322

**PA-40 - 2023**  
**Pennsylvania Income Tax Return**  
ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

NOVAK

PAUL

Occupation SALES ACCO

MARY BETH

Occupation ULTRASOUND

NOVAK

APT 22066

4606 LIBRARY RD

BETHEL PARK

PA 15102

412-607-2475

02110

N Extension. N Amended Return.  
R Residency Status.  
PA Resident/Nonresident/Part-Year Resident  
from to  
J Single, Married/Filing Jointly,  
Married/Filing Separately, Final Return  
N Deceased  
N Taxpayer Date of Death  
N Spouse Date of Death  
N Farmers.  
School District Name BALDWIN WHITE

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
- 1b Unreimbursed Employee Business Expenses.
- 1c Net Compensation. Subtract Line 1b from Line 1a.
- 2 Interest Income. Complete **PA Schedule A** if required.
- 3 Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.
- 4 Net Income or Loss from the Operation of a Business, Profession or Farm.
- 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
- 6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
- 7 Estate or Trust Income. Complete and submit **PA Schedule J**.
- 8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.
- 9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
- 10 **Other Deductions.** Enter the appropriate code for the type of deduction. See the instructions for additional information.
- 11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a	68401
1b	0
1c	68401
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	68401
10	0
11	68401



2300115322

EC	OFFICIAL USE ONLY	FC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2300215338

PA-40 - 2023

Social Security Number

Name(s) PAUL & MARY BETH NOVAK

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2022 PA Income Tax return.

15 2023 Estimated Installment Payments. REV-459B included.

16 2023 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

**Tax Forgiveness Credit. Submit PA Schedule SP.**

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Section II, Line 2, PA Schedule SP

20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

**The total of Lines 30 through 36 must equal Line 29.**

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2024 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature

Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number

Date

SELF-PREPARED

E-File Opt Out

N

Firm FEIN

Preparer's PTIN

1555

REV 02/24/24 INTUIT.CG.CFP.SP



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